

## 510(k) Summary

AUG 23 2007

510(k) Number: K072195

This 510(k) summary is being submitted in accordance with the requirements of 21 CFR§807.92.

**Submitted By:** Kensey Nash Corporation  
735 Pennsylvania Drive  
Exton, PA 19341 USA

**Contact Person:** Cindy R. Varughese, RAC  
Regulatory Affairs Associate  
Tel: (484) 713-2100  
Fax: (484) 713-2903  
E-mail: Cindy.Varughese@kenseynash.com

**Trade Name:** ThromCat™ Thrombectomy Catheter System  
**Common Name:** Thrombectomy Device  
**Classification Name:** Catheter, Peripheral, Atherectomy (21 CFR Section 870.4875)  
**Regulatory Class:** Class II  
**Device Product Code:** MCW  
**Predicate Device:** Kensey Nash Corporation's ThromCat™ Thrombectomy Catheter System (K060016)  
**Date Prepared:** July 30, 2007

### Description of Device:

ThromCat™ Thrombectomy Catheter System is a single-use, disposable device that performs percutaneous maceration and removal of thrombus and restoration of blood flow. The device consists of a 5.5 Fr infusion/extraction catheter, a DC-powered infusion/extraction pump, and an extraction line and bag. The stainless steel helix is enclosed within a radiopaque, atraumatic flexible tip and shaft, preventing direct contact with the vessel wall. The integrated pumps, tubing, and 150cm length catheter provide an infusion flow to "wash" the vessel, while simultaneously providing an extraction flow to remove thrombus.

### Intended Use:

ThromCat™ Thrombectomy Catheter System is indicated for mechanical removal of thrombus from synthetic hemodialysis access grafts and native vessel dialysis fistulae.

### Substantial Equivalence:

ThromCat is substantially equivalent to the predicate device with regard to intended use, principles of operation, and technological characteristics.

### Non-Clinical Summary:

Non-clinical verification has been verified through in-vitro bench testing and biocompatibility testing. Results of this testing indicate that the ThromCat design meets all specifications and intended use.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

AUG 23 2007

Kensey Nash Corp.  
c/o Ms. Cindy Varughese  
Regulatory Affairs Associate  
735 Pennsylvania Drive  
Exton, PA 19341

Re: K072195  
Trade/Device Name: ThromCat Thrombectomy Catheter System  
Regulation Number: 21 CFR 870.4875  
Regulation Name: Intraluminal Artery Stripper  
Regulatory Class: Class II  
Product Code: MCW  
Dated: August 6, 2007  
Received: August 7, 2007

Dear Ms. Varughese:

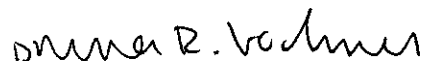
We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.


If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,



 Bram D. Zuckerman, M.D.  
Director  
Division of Cardiovascular Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## Indications for Use Statement

510(k) Number (if known):

K072195

Device Name:

**ThromCat™ Thrombectomy Catheter System**

### Indications for Use:

ThromCat™ Thrombectomy Catheter System is indicated for mechanical removal of thrombus in synthetic hemodialysis access grafts and native vessel dialysis fistulae.

Prescription Use **X**  
(Part 21 CFR 801 Subpart D)

AND/OR Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Diana R. Kohn  
(Division Sign-Off)  
Division of Cardiovascular Device  
510(k) Number K072195